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Utility or Design Patent Application

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| I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon. | | | | | | | | | | |
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| Given Name (first and middle [i | f any]) | | | | | | | r Suma | | |
| Antony L. | | | | | Baughn | | | | | |
| Inventor's Signature Awbuy | 4 / |) ay h | ~ | | | | | | Date 9-24-04 | |
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| Inventor's Signature Muff South 9/24/04 | | | | | | | | | | |
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| Additional inventors or a legal re | presentative are bei | ng named on | the 1 s | upplem | ental she | et(s) PT(| D/SB/02A | or 02LR | attached hereto. | |

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PTO/SB/01 (08-03) Approved for use through 07/31/2006. OMB 0651-0032 U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE ork Reduction Act of 1995, no persons are required to respond to a collection of information unless it contains a valid OMB control number. Attorney Docket Number 21200.0101PTUS DECLARATION FOR UTILITY OR First Named Inventor Antony L. Baughn DESIGN COMPLETE IF KNOWN PATENT APPLICATION (37 CFR 1.63) Application Number 10/796,969 Filing Date 03/11/2004 Declaration Declaration Submitted after Initial Submitted OR Art Unit Filing (surcharge With Initial 3644 (37 CFR 1.16 (e)) Filing Examiner Name not yet assigned required) I hereby declare that: Each inventor's residence, mailing address, and citizenship are as stated below next to their name. I believe the inventor(s) named below to be the original and first inventor(s) of the subject matter which is claimed and for which a patent is sought on the invention entitled: INTEGRATED STORM SHUTTER (Title of the Invention) the specification of which is attached hereto OR 03/11/2004 was filed on (MM/DD/YYYY) as United States Application Number or PCT International and was amended on (MM/DD/YYYY) Application Number 10/796,969 06/17/2004 (if applicable). I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment specifically referred to above. I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56, including for continuation-in-part applications, material information which became available between the filing date of the prior application and the national or PCT international filing date of the continuation-in-part application. I hereby claim foreign priority benefits under 35 U.S.C. 119(a)-(d) or (f), or 365(b) of any foreign application(s) for patent, inventor's or plant breeder's rights certificate(s), or 365(a) of any PCT international application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box, any foreign application for patent, inventor's or plant breeder's rights certificate(s), or any PCT international application having a filing date before that of the application on which priority is claimed. Foreign Filing Date **Priority Prior Foreign Application** Certified Copy Attached? Number(s) Country (MM/DD/YYYY) Not Claimed

[Page 1 of 2]

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Additional foreign application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto.

A petition has been filed for this unsigned inventor

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Zip

Family Name or Surname

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Country

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| DECLARATION | aspond to a collection of information unless it contains a valid QMB control number. ADDITIONAL INVENTOR(S) Supplemental Sheet Page 1 of 1 | | | | | |
| Name of Additional Joint Inventor, if any: | | A petition has been filed for this unsigned inventor | | | | |
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| Douglas | | Oakey | | | | |
| Inventor's Signature | | | | | Date | |
| Residence: City | State | | Country | | Citizenship | |
| Mailing Address | | | | | | |
| Mailing Address | | | | T | | |
| City | State | | | Zip | Country | |
| Name of Additional Joint Inventor, if any: | | ☐ A per | tition h | nas been filed for thi | is unsigned in | ventor |
| Given Name (first and middle (if any) | | Family Name or Surname | | | | |
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| Inventor's Signature | | Date | | | | |
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| Name of Additional Joint Inventor, if any: | | □ A ne | tition t | nas been filed for thi | is unsigned in | ventor |

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Date

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State

Given Name (first and middle (if any)

Inventor's Signature

City

Residence: City

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Application Number 10/796 969

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|---------------------------------------|---|
| Application Number | 10/796,969 |
| Filing Date | 03/11/2004 |
| First Named Inventor | Antony L. Baughn |
| Title | Integrated Storm Shutter |
| Art Unit | 3634 |
| Examiner Name | not yet assigned |
| Attorney Docket Number | |

| I hereby appoint: | | | | | | | |
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| _ a |)R | | | | | | |
| Practitioner(s) named below: | | | | | | | |
| | Name Registration Number | | | | | | |
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| | William Bentz | | , | 48,713 | | | |
| | Joseph V. Colaianni | | | 20,019 | | | |
| | our attorney(s) or agent(s) | s) to prosecute the application identified a erewith. | above, and to | tra | nsact all business in | n the United States Patent and | |
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| SIGNATURE of Applicant or Assignee of Record (if assignee, put name, title and company name in the "Name" space below) | | | | | | | |
| Name Antony L/Baughn | | | | | | | |
| Signature An (my & Day ha | | | | | | | |
| Date | Date G-24-64 // Telephone | | | | | | |
| NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below. | | | | | | | |
| *Total of 2 forms are submitted. | | | | | | | |

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|---------------------------------------|--|--|--|--|--|--|--|
| Application Number | 10/796,969 | | | | | | |
| Filing Date | 03/11/2004 | | | | | | |
| First Named Inventor | Antony L. Baughn | | | | | | |
| Title | Integrated Storm Shutter | | | | | | |
| Art Unit | 3634 | | | | | | |
| Examiner Name | not yet assigned | | | | | | |
| Attorney Docket Number | | | | | | | |

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| • | Practitioner(s) named belo | ow: | | | | | | |
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| SIGNATURE of Applicant or Assignee of Record (if assignee, put name, title and company name in the "Name" space below) | | | | | | | | |
| Name Timothy S. Baughn, // | | | | | | | | |
| Signature Mil S. Deu/ | | | | | | | | |
| Date / 9/24/04 Telephone | | | | | | | | |
| NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below. | | | | | | | | |
| | | forms are submitted. | | | | | | |

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